



**Personal Information:**

First Name:		
Middle Name:		
Last Name:		
Suffix:		
Street Address:		
City:	State:	Zip:
County/Parish:		
Mobile Phone:		
Home Phone:		
Email:		
Date of Birth:		
Gender:    Male    Female    Other		
<b>Please select one of the following membership types:</b>		
<input type="checkbox"/> Life Member (Legally Blind) <input type="checkbox"/> Life Member (Low Vision)		
<b>Branch of Service:</b>		<b>Wartime Period:</b>
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Space Force		<input type="checkbox"/> World War II <input type="checkbox"/> Korean Conflict <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Persian Gulf War <input type="checkbox"/> OEF/OIF/OND <input type="checkbox"/> Other
<b>Race/Ethnicity:</b>		
<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino Descent <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say		
Recruited By:		
Regional Group Affiliation:		



## Attestation

I, the undersigned, having read, understood, and confirmed that I meet all the eligibility criteria outlined in the Blinded Veterans Association's Bylaws Article 3, Section 1, which states, "Any person having honorably served or currently serving in the armed forces of the United States, qualifying for Department of Veterans Affairs (VA) Blind Rehabilitation Service (BRS), is eligible for membership," do hereby acknowledge that all the information submitted in connection with my application for membership is true and correct to the best of my knowledge. I understand that providing falsified information on this application is grounds for the denial of membership to the Blinded Veterans Association and may disqualify me from future membership.

## Waiver

I, the undersigned, hereby attest that I give Blinded Veterans Association (BVA) permission to use any images, audio, video, or other media captured of me during official BVA activities for promotional, marketing, fundraising, and other activities. I understand that BVA may use this media in a variety of ways, including on its website, social media, and in print materials. I also understand that I may not be able to review or approve BVA's use of this media in advance. I agree to this attestation statement freely and voluntarily. I understand that I may withdraw my permission to use my media at any time by contacting BVA in writing. By joining BVA, you agree to receive promotional and marketing materials.

Signature:

Date:

NOTE: Please submit a letter from a certifying official affirming legal blindness or low vision status. You may request assistance in obtaining the letter from a VA VIST Coordinator by utilizing VA Form [10-5345 Request for and Authorization to Release Health Information](#) to a non-VA (or third-party) individual or organization. You may also contact us via email: [membership@bva.org](mailto:membership@bva.org), or via telephone: (800) 669-7079 x 330 for assistance.